



RECEIVED.  
SENATE

14 OCT 21 AM 9:41

## FAX COVER SHEET

TO	
COMPANY	Secretary of the Senate
FAX NUMBER	12022241851
FROM	Shelli Hesselroth
DATE	2014-10-21 00:57:14 GMT
RE	Al Franken for Senate

### COVER MESSAGE

Please fax confirmation to 763-374-5939. Thank you

14021064640

# 48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

RECEIVED  
SENATE  
21 AM 9:41

1. NAME OF COMMITTEE IN FULL <b>Al Franken for Senate 2014</b>			
ADDRESS (number and street) P.O. Box 583144			
CITY, STATE, and ZIP CODE Minneapolis MN 55458		4. FEC IDENTIFICATION NUMBER C00480384	
2. NAME OF CANDIDATE Al Franken	3. OFFICE SOUGHT (State and District) Senate MN 00		
5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO. THIS IS A NEW FILING <input type="checkbox"/> YES. IT AMENDS THE NOTICE FILED ON ____ / ____ / ____			
A. FULL NAME, MAILING ADDRESS AND ZIP CODE American College of Surgeons Professional Association PAC 20 F Street NW Suite 1000 Washington DC 20001			
Name of Employer Home		Date (month, day, year) 10/19/2014	Amount 5000.00
Transaction ID : C5922297			
Occupation Community Volunteer			
B. FULL NAME, MAILING ADDRESS AND ZIP CODE Mae Dayton 1895 Fox Ridge Road Long Lake MN 55356			
Name of Employer N/A		Date (month, day, year) 10/19/2014	Amount 2500.00
Transaction ID : C5923978			
Occupation Retired			
C. FULL NAME, MAILING ADDRESS AND ZIP CODE Shirley P Fogelberg 25135 Greenbrooke Dr Southfield MI 48033-5283			
Name of Employer Self-Employed		Date (month, day, year) 10/19/2014	Amount 1000.00
Transaction ID : C5923572			
Occupation Realtor			
D. FULL NAME, MAILING ADDRESS AND ZIP CODE Robert Levine 1300 Mount Curve Ave Minneapolis MN 55403-1008			
Name of Employer Self-Employed		Date (month, day, year) 10/19/2014	Amount 1000.00
Transaction ID : C5922294			
Occupation Writer			
E. FULL NAME, MAILING ADDRESS AND ZIP CODE Christina Mednick 528 Palisades Dr Apt 710 Pacific Palisades CA 90272-2844			
Name of Employer Self-Employed		Date (month, day, year) 10/19/2014	Amount 1000.00
Transaction ID : C5923968			
Occupation Writer			
SIGNATURE (optional) Thomas Borman		DATE 10/20/2014	For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100

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FE1AN053

Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

**FEC FORM 6**  
(Revised 07/2011)

14021064641

# 48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

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To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL <b>Al Franken for Senate 2014</b>		<b>continuation page</b>	
ADDRESS (number and street) <b>P.O. Box 583144</b>			
CITY, STATE, and ZIP CODE <b>Minneapolis MN 55458</b>			
2. NAME OF CANDIDATE <b>Al Franken</b>	3. OFFICE SOUGHT (State and District) <b>Senate MN 00</b>	4. FEC IDENTIFICATION NUMBER <b>C00480384</b>	
5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO. THIS IS A NEW FILING <input type="checkbox"/> YES. IT AMENDS THE NOTICE FILED ON ____ / ____ / ____			
A. FULL NAME, MAILING ADDRESS AND ZIP CODE <b>Paul H Ravich</b>  <b>504 River St</b>  <b>Minneapolis MN 55401-2542</b>		Name of Employer <b>Ravich Meyer</b>  <b>Transaction ID : C5922293</b> Occupation <b>Attorney</b>	Date (month, day, year) <b>10/19/2014</b>  Amount <b>2000.00</b>
B. FULL NAME, MAILING ADDRESS AND ZIP CODE <b>Nancy Sinatra</b>  <b>8571 W Olympic Blvd.</b>  <b>Los Angeles CA 90035</b>		Name of Employer <b>Self-Employed</b>  <b>Transaction ID : C5931485A</b> Occupation <b>Entertainer</b>	Date (month, day, year) <b>10/19/2014</b>  Amount <b>1000.00</b>
C. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer   Occupation	Date (month, day, year)   Amount
D. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer   Occupation	Date (month, day, year)   Amount
E. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer   Occupation	Date (month, day, year)   Amount

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**FEC FORM 6**  
(Revised 07/2011)

14021064642

NANCY ERICKSON  
SECRETARY

DANA K. MCCALLUM  
SUPERINTENDENT  
HART SENATE OFFICE BUILDING  
SUITE 232  
WASHINGTON, DC 20510-7116  
PHONE: (202) 224-0322

# United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED

Date of Receipt

USPS FIRST CLASS MAIL

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DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL ☐

USPS EXPRESS MAIL

Postmark

## OVERNIGHT DELIVERY SERVICE:

SHIPPING DATE

NEXT BUSINESS DAY DELIVERY

FEDERAL EXPRESS

☐

UPS

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DHL

☐

AIRBORNE EXPRESS

☐

RECEIVED FROM FEDERAL ELECTION COMMISSION

Date of Receipt

POSTMARK ILLEGIBLE ☐

NO POSTMARK ☐

FAX

10/21/14

Date of Receipt

OTHER

Date of Receipt or Postmark

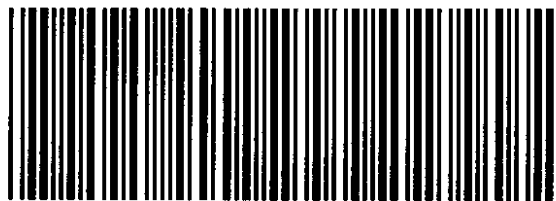
PREPARER

DH

DATE PREPARED

10/21/14

14021064643



SEN PATCH



SEN PATCH

14021064644